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ILLINOIS COMMERCE COMMISSION

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COMMERCE COMMISSION

FORMAL COMPLAINT

2004 AUG 30 P 4: 23 <sup>ms</sup>

CHIEF CLERK'S OFFICE

Illinois Commerce Commission  
527 E. Capitol Avenue  
Springfield, Illinois 62701

For Commission Use Only:

Case: 04-0549

Regarding a complaint by (Person making the complaint):

VIRGIL L. SMITH

Against (Utility name):

ILLINOIS POWER COMPANY

As to (Reason for complaint)

DISCONNECTING ELECTRIC POWER TO OUR  
RESIDENCE WITH FULL KNOWLEDGE THAT THERE WAS A  
PERSON ON FULL LIFE SUPPORT, AND WITHOUT PRIOR NOTICE  
in EIDORADO Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is

2260 RALEIGH ROAD, ELDORADO, IL 62930

The service address that I am complaining about is

2260 RALEIGH ROAD, ELDORADO, IL 62930

My home telephone is

(618) 273-9394

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at

(618) 273-9394

(Full name of utility company)

ILLINOIS POWER COMPANY

to the provisions of the Illinois Public Utilities Act.

(respondent) is a public utility and is subject

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.

1. (220 ILCS 5/8-204) SEC. 8-204
2. ADMINISTRATIVE CODE: SECTION 280.130 DISCONTINUANCE  
OF SERVICE PARA(2) SECTION(d)
3. AND ANY OTHER STATE OR FEDERAL LAWS THAT APPLY

Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?

☒ Yes ☐ No

Has your complaint filed with that office been closed?

☒ Yes ☐ No

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

PLEASE SEE ATTACHED INCIDENT REPORT

Please clearly state what you want the Commission to do in this case:

1. TO REVIEW CORRET LAWS AND RULES CONCERNING PEOPLE ON LIFE SUPPORT THAT DEPEND OF ELECTRIC POWER TO SUSTAIN LIFE, AND TO CHANGE OR MODIFY TO BETTER PROTECT HUMAN LIFE.
2. AWARD DAMAGES IN THE AMOUNT OF \$500,000.00

Date: AUGUST 30, 2004  
(Month, day, year)

Complainant's Signature Virgil J. Smith

If an attorney will represent you, please give the attorney's name, address, and telephone number.

You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).

#### VERIFICATION

A notary public must witness the completion of this part of the form.

I, VIRGIL L. SMITH, first being duly sworn, say that I have read the above petition and know what it says.  
The contents of this petition are true to the best of my knowledge.

(Signature) Virgil J. Smith

Subscribed and sworn/affirmed to before me on (month, day, year) 8-30-04

Kathy J. Smith  
Notary Public, Illinois



**NOTE:** Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.